

27815

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2018 - 271 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Shady Moustafa

Telephone: 843-813-5271

Address: 168 Twohitch Rd
Goose Creek SC 29445

Fax:

Other:

Email: Shady.M@Live.Com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☒ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

RECEIVED
AUG 15 2018
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 8/14/2018

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Charleston Taxi LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

168 Twohitch Rd Goose Creek SC 29445

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-813-5271

Phone

Fax

Shady.M@Live.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	190,000	Mortgage/Loan on Real Estate	1128,00
Value of Motor Vehicles	25,000	Loans Owed on Motor Vehicles	7,000
Cash on Hand	1200,00	Business/Other Loans Owed	—
Cash in Bank	9,000	Other Liabilities or Debts	—
Value of Other Assets and Equipment		Total Liabilities	8128,00
Total Assets	225,200		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Taxi Meter For Charleston taxi llc

From: 5:00 am To 11:59 pm

Meter start with \$5.00 and \$2.25 per mile.

From 12:00 am To 5:00 am

Meter start with \$7.00 and \$3.75 per mile.

All Downtown Charleston is Flat Rate \$7 For First Person and one dollar for each additional person

Waiting time is \$12 Per hour.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Shady Moustafa / Charleston taxi llc

Name of Applicant

168 Twohitch Rd Goosecreek SC 29445

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 3656

Limits \$500,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

PROGRESSIVE

Name of Insurance Company

P.O. Box 94739 Cleveland, OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Progressive
P.O. Box 94739
Cleveland, OH 44101

PROGRESSIVE
COMMERCIAL

CHARLESTON TAXI LLC
168 TWO HITCH RD
GOOSE CREEK, SC 29445

Underwritten by:
Progressive Northern Insurance Co
August 15, 2018
Policy Period: Aug 15, 2018 - Aug 15, 2019
Page 1 of 3

Customer Phone number: 1-843-813-5271

Commercial Auto Insurance Quote

Dear CHARLESTON TAXI LLC,
Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities around safe driving and business experience, and nationally recognized claims service that keeps you and your business on the road. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us. Our number is 1-888-814-6494, or you can visit us at progressivecommercial.com.

How you get it

If you're comfortable with your quote, please call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy information

Business type: Passenger Transportation (For Hire)
Sub business type: Taxi Services



Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$4,858.00
Paid in full discount	-662.00
Policy premium if paid in full	\$4,196.00

Payment plans

Payment Method: 10 Payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$4,858.00	\$811.50	10 payments of \$416.65
10 Payments, 20.0% Down	\$4,858.00	\$978.20	9 payments of \$443.65
6 Pay, Seasonal, 20.0% Down	\$4,858.00	\$978.20	5 payments of \$788.96
10 Payments, 25.0% Down	\$4,858.00	\$1,216.00	9 payments of \$416.67
4 Pay, Seasonal, 25.0% Down	\$4,858.00	\$1,216.00	3 payments of \$1,226.00

Make payments by mail or at progressivecommercial.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$4,858.00	\$811.50	10 payments of \$416.65
10 Payments, 20.0% Down	\$4,858.00	\$978.20	9 payments of \$443.65
6 Pay, Seasonal, 20.0% Down	\$4,858.00	\$978.20	5 payments of \$788.96
10 Payments, 25.0% Down	\$4,858.00	\$1,216.00	9 payments of \$416.67
4 Pay, Seasonal, 25.0% Down	\$4,858.00	\$1,216.00	3 payments of \$1,226.00
4 Pay, Quarterly, 25.0% Down	\$4,858.00	\$1,216.00	3 payments of \$1,226.00
1 Payment	\$4,196.00	\$4,196.00	None
OPF	\$4,858.00	\$4,858.00	None
2 Payments, 50.0% Down	\$4,858.00	\$2,430.00	1 payment of \$2,440.00

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-800-895-2886**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional Information
SHADY MOUSTAFA	42	Married	0	



Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,656
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist			441
Bodily Injury	\$500,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Comprehensive			198
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			526
See Auto Coverage Schedule	Limit of liability less deductible		
Roadside Assistance			35
See Auto Coverage Schedule			
Subtotal policy premium			\$4,856
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$4,858

Auto coverage schedule

1. **2010 VOLKSWAGEN ROUTAN** Stated Amount: * \$7,000 (including Permanently Attached Equip)
 VIN: Garaging Zip Code: 29445 Territory: 11 Radius: 100 miles
 Personal use: N Body type: Mini Van Use class: J

Liability Premium	Liability \$3656	UM \$386	UM PD \$55	
Physical Damage Premium	Comp/Glass Deductible \$1,000	Comp/Glass Premium \$198	Collision Deductible \$1,000	Collision Premium \$526
Other Coverages Premium	Roadside Limit Selected	Roadside Premium \$35		Auto Total \$4,856

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Form QTE (05/08)

Exhibit Fit, Willing, and Able (FWA)Shady Moustafa

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

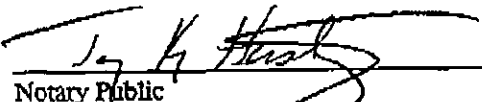
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

President
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 14th day of August, 2018


Notary Public

Commission Expires

March 17th 2020

Tammy Kay Hastings
Notary Public
Expires: March 17th, 2020

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Charleston taxi llc, a limited liability company duly organized under the laws of the State of South Carolina on August 14th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 14th day
of August, 2018.

A handwritten signature of Mark Hammond in cursive script.
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 180814-1654357

Filing Date: 08/14/2018

Aug 14 2018

REFERENCE ID: 199683

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

**OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF
PROCESS, OR (3) ADDRESS OF AGENT
LIMITED LIABILITY COMPANY – DOMESTIC AND FOREIGN**

Pursuant to the 1976 S.C. Code of Laws, as amended, §33-44-109, the limited liability company submits the following statement of change.

1. The name of the limited liability company is:

Charleston taxi llc

2. The limited liability company is (check either "a" or "b", whichever is applicable):

- ☒ a. A South Carolina limited liability company.
☐ b. A foreign limited liability company authorized to transact business in South Carolina.

3. a. The South Carolina street address of the current designated office for the limited liability company is:
1812 sam rittenberg blvd

(Street Address)

Charleston , South Carolina 29407

(City, State, Zip Code)

- b. The name of the company's current agent for service of process is:

Ghada kandil

(Name)

- c. The South Carolina street address of the current registered agent's office is:
168 two hitch rd

(Street Address)

Goose creek, South Carolina 29445

(City, State, Zip Code)

4. Check and complete all boxes (a-c) that apply.

- ☒ a. The company is changing the address of its designated office.

The new South Carolina address of the designated office of the limited liability company is:
168 two hitch rd

(Street Address)

Goose creek , South Carolina 29445

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Aug 14 2018

REFERENCE ID: 199683

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Charleston taxi llc

Name of Limited Liability Company

☒ b. The company is changing its agent for service of process.

The name of the company's new agent for service of process is:

Shady Moustafa

(Name)

I hereby consent to the appointment as registered agent.

Signed as Filer: Shady moustafa

(Agent's Signature)

☐ c. The company is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is:

(Street Address)

(City, State, Zip Code)

5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State. Specify the time and date of any delayed effective date _____
(Date)

Date: 08/14/2018

Signed as Filer: Shady moustafa

(Signature)

Shady moustafa

(Print Name)

Capacity/Position of Person Signing (You must check one box.)

☐ Manager ☐ Member ☒ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED TO THE
ORIGINAL ON FILE IN THIS OFFICE

Aug 14 2018

REFERENCE ID:

Signature Page for a Secretary of State Business Filing

Completed, scanned, and attached to any business filing where one of the following is true.

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

I signs the digital form on behalf of official signee.

- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Shady Moustafa
Name

8/14/18
Date

[Signature]
Signature

Organizer
Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.
File must be PDF format.